

INSTRUCTIONS FOR APPLYING FOR PEDIATRIC DENTISTRY SPECIALTY LICENSE

Your specialty application must be accompanied by a check in the amount of \$60.00 payable to the Kentucky Board of Dentistry. The completed application and fee must be on file and your case histories must be received in the Board office at least thirty (30) days prior to the examination date or you will not be eligible to take the examination.

The specialty examination is administered at the Kentucky Board of Dentistry, 10101 Linn Station Rd, Ste 540, Louisville KY 40223. You should report at _____. The next examination will be administered on _____.

QUALIFICATION FOR APPLYING FOR SPECIALTY LICENSURE

1. You must possess satisfactory moral and ethical standing in the dental profession.
2. You must be currently licensed to practice dentistry in the Commonwealth of Kentucky.
3. Once you obtain your specialty license, you must limit your practice to that particular specialty.
4. You must submit satisfactory evidence to the Board that you have completed a period of not less than two (2) years study in graduate or postgraduate courses after graduation from an accredited dental school.
5. You must meet the minimum requirements for membership in the respective American specialty organizations recognized by the American Dental Association.

REQUIREMENTS FOR PEDIATRIC CASE REPORTS:

Case I: One patient with a fractured permanent incisor which required initial and follow-up care and subsequent esthetic restoration. The case must include:

1. A description of the type and cause of the fracture, condition of the tooth when first examined, justification of treatment, technique used in the treatment of the pulp and technique used in the restoration of the tooth
2. Pre-operative periapical radiograph of involved tooth (Complete mouth radiographs are not required)
3. Color print photographs of the completed case showing the gingival tissues and esthetic results.
4. Treatment results at least thirty (30) days following the initial treatment, including acceptable diagnostic periapical radiographs of the involved tooth

Case II: One patient demonstrating comprehensive restorative needs for the primary or early mixed dentition. This case should involve a patient with extensive carious lesions requiring multiple surface restorations and some type of pulp therapy. The case must include:

1. A detailed description of the patient's medical and dental history, all caries control procedures, and all restorative and pulpal treatment procedures.
2. Pre-operative complete mouth radiographs (will accept panoramic radiograph) and bite wing films.
3. Post-operative bite wings and periapical radiographs of pulpally treated teeth, taken at least thirty (30) days after completion of all indicated treatment.

Case III: One patient for whom appliances were used to prevent, intercept to correct a developing malocclusion. The case must include:

1. A detailed description of the justification for treatment, including diagnostic activities and the technique and sequence of treatment.
2. Pre-operative complete mouth radiographs.
3. Pre-operative models.
4. All appliances used or their duplicates
5. Appropriate post-operative radiographs, if indicated.
6. Post-operative models demonstrating treatment effect.
7. Cephalometric films and tracings, if indicated.

All case histories should be typewritten on 8 1/2 x 11 white bond paper, double-spaced and typed on one side only. Each case report shall be placed on a square cut filing folder approximately 9 1/2 x 11 1/2 inches. Attach the sheets of each report to the inside of the back cover of the filing folder at the top left, or at both top corners. All materials

must be clearly and neatly labeled with the candidate's name, case designation, and the date the materials were prepared.

ORAL EXAMINATION

Questions in this portion of the examination will aid in the evaluation of the candidate's abilities to diagnose and plan treatment for the unusual as well as the common oral disorders due to development or disease. It may include questions regarding problems of eruption, tooth development, histology and embryology, caries and periodontal disorders, growth and development, trauma to anterior teeth, oral pathology and oral medicine, and hospital dentistry.

TREATMENT PLANNING

The purpose of this section is to allow the candidate to formulate a treatment plan from information provided on three (3) different patients. The three cases will include trauma, comprehensive restorative (including pulp therapy), and interceptive orthodontics. Materials provided will include detailed medical and dental histories, pre-op full mouth radiographs, pre-op models and pre-op photographs. The candidate will be required to examine the presented material and formalize a treatment plan including medical management, emergency treatment, restorative treatment, sequence of treatment, preventive measures and future observations.

FOR FURTHER INFORMATION PLEASE CONTACT:

KENTUCKY BOARD OF DENTISTRY
10101 LINN STATION ROAD, SUITE 540
LOUISVILLE, KENTUCKY 40223
(502) 429-7280